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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

021394
 ARTHROCARE CORPORATION
 595 NORTH PASTORIA AVENUE
 SUNNYVALE CA 94085-2936



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Certificate of Mailing

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Katie Zarzana

(Depositor's name)

(Signature)

November 2, 2000

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/098,205	07/27/98	045	COHEN, L	3739 09/26/00
First Named Applicant: EGGERS, 35 USC 154(b) term ext. = 0 Days.				

TITLE OF INVENTION: SYSTEMS AND METHODS FOR ELECTROSURGICAL TISSUE TREATMENT IN CONDUCTIVE FLUID

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
3 A-2-2	606-041.000	S84	UTILITY	NO	\$1210.00	12/26/00

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. John T. Raffie

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

ArthroCare Corporation

(B) RESIDENCE (CITY & STATE OR COUNTRY)

Sunnyvale, CA 94085-2936

Please check the appropriate assignee category indicated below (will not be printed on the patent)

- ☐ individual ☐ corporation or other private group entity ☐ government

- 4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

John T. Raffie

(Date)

11/2/00

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party with interest as shown by the records of the Patent and Trademark Office.

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